## ADMINISTRATIVE OFFICE OF THE TRIAL COURT INTERPRETER DAILY SERVICE RECORD

Name:		Vendor/Customer Co	de#	Date of Service
		Vendor Invoice #		Language
Address:		SECTION A: Inter Interpreting Hours: Waiting Hours: * IF INTERPRET " CASE NAME "	(No Lunch Time)	Total Hours:
A.M.	Judge:		Court:	
P.M.	Judge:		(Use back for	r additional Names & Docket #s)
			(Use back for	r additional Names & Docket #s)
	C	OMPENSATION		
☐ Certified / Qualified Check one: ☐ \$300 Full Day ☐ \$200 Half Day ☐ Screened Check one: ☐ \$200 Full Day ☐ \$125 Half Day Additional	SECTION B: Mileage and Travel Ti  Total Miles x \$.30  -50 = Adjuste  ÷25 = x \$10.0  Tolls/Public Transportation (Attach Receipts)  Total	ed Mileage	SECTION B: Mile  Total Miles  ÷25 =  Tolls/Public Trans (Attach Recei	x \$10.00
		Total Co	ompensation Due (Sec	ction A+B)
I have reviewed and appr	SERVIC CLERK MAGISTRATE, COURT LIAIS roved the case assignment and attendance e Print Name  Title		ED SIGNATORY MU	
	VENDO	R'S CERTIFICAT	ION	
	I CERTIFY THAT THE SERVIC			AROVE
SIG	NATURE	LES WERE RENDERE	DATE	
ATTENDANCE CONFIRMATION				
Morning Session		Afternoon Se	ssion	
Time In:	Time Out:	Time In:	Tin	ne Out: